

The Health and Well-Being of Children, Youth, and Families in Baltimore City

NEIGHBORHOOD VARIATION IN YOUTH MORTALITY RATE: BALTIMORE CITY 2008 – 2012

Brief for a report by the Johns Hopkins Urban Health Institute, 2015

In 2015, the Johns Hopkins Urban Health Institute completed an analysis of child and youth mortality in Baltimore City using data from 2001-2012. In the report, *The Health and Well-Being of Children, Youth, and Families in Baltimore City: Child and Youth Mortality*, the authors investigate how mortality rates differ across neighborhoods (i.e., Community Statistical Areas) and whether neighborhood-level differences in the social determinants of health explain difference in the youth mortality rate.

Key Findings:

- Among the neighborhoods in the city with the lowest mortality rates (lowest 25%), the average youth mortality rate is 4 per 10,000. The average rate of the neighborhoods with the highest (top 25%) youth mortality rate was 23 per 10,000.
- Neighborhoods characterized by moderate disadvantage¹ had average youth mortality rates that were twice the mortality rate of non-disadvantaged neighborhoods. Neighborhoods characterized by moderate and high disadvantage had triple the youth mortality rate of non-disadvantage neighborhoods.
- While there was a high correlation between neighborhood disadvantage and the percent of the population in that CSA that was black, neighborhood disadvantage was a substantially stronger predictor for the youth mortality rate than was racial composition of the population.
- Clifton Berea and Midway/Coldstream have the highest youth mortality rates in the city (32 and 30 per 10,000, respectively) and youth mortality rates that are significantly worse than would be predicted based

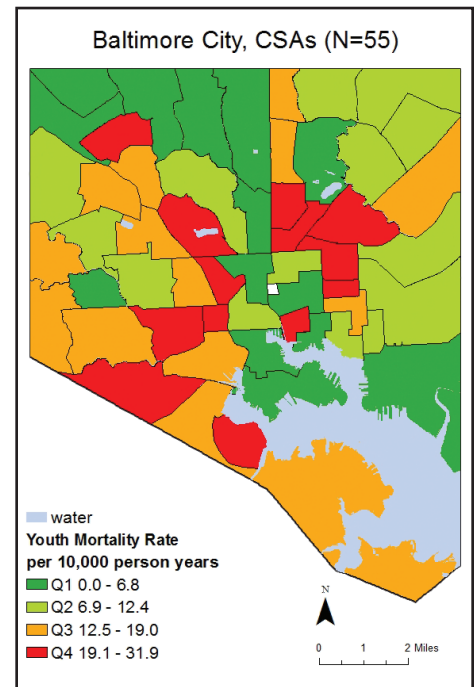


Exhibit I: Youth mortality rates: Moran's I = 0.17, p=0.01

on neighborhood disadvantage alone. Spatial patterns indicate the need for a deeper investigation of youth mortality rates across time in Oldtown / Middle East, Greenmount East, Clifton Berea, Midway / Coldstream, and surrounding areas.

¹ Composite measure using indicators for economic disadvantage (percent of households, poverty), wealth (percent of households, owner-occupied), social disadvantage (percent of households, headed by a female with children under 18), and human capital (percent of population with at least a bachelor's degree).

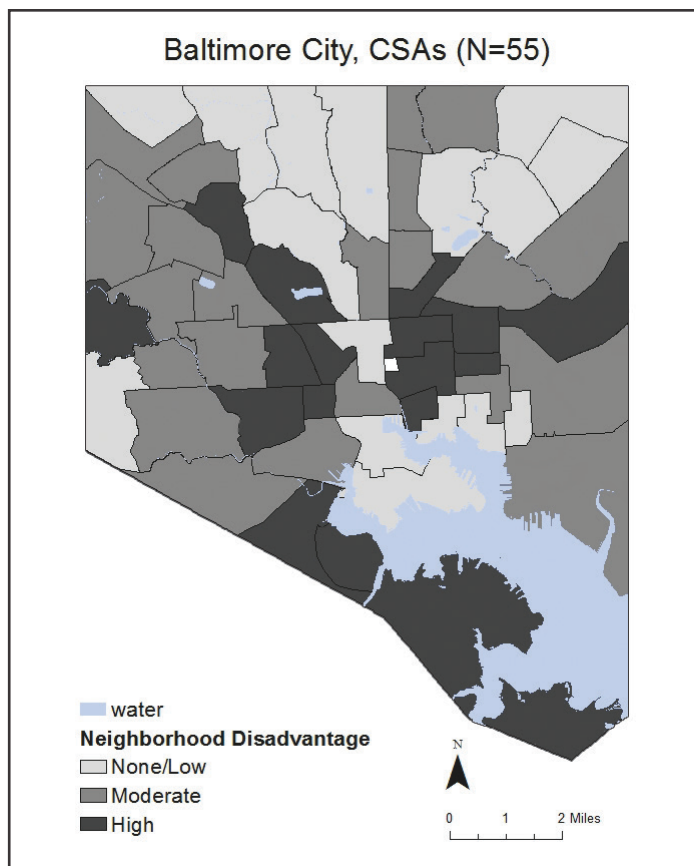
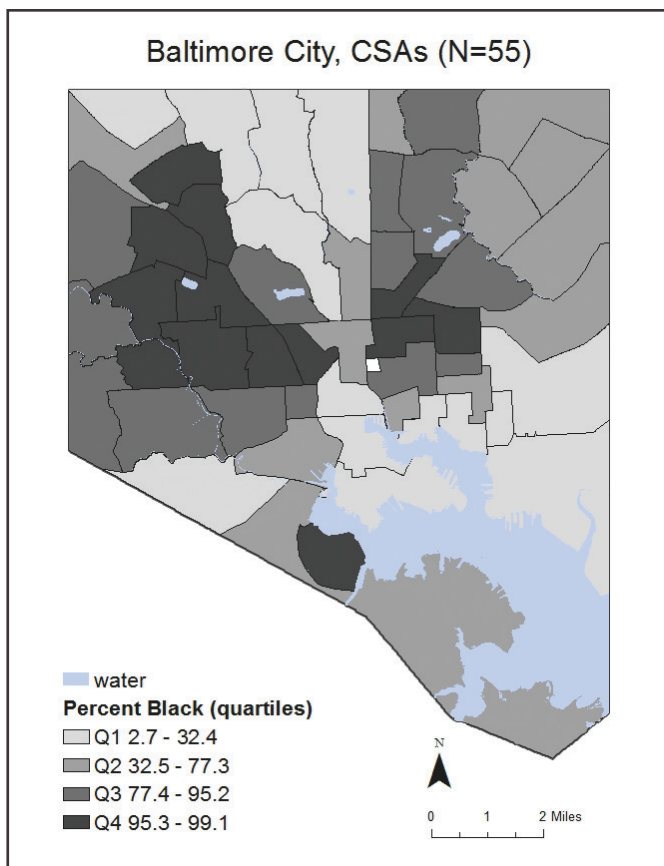


Exhibit 2: Trends in Leading Causes of Death Youth Ages 15-24 (2001-2012), Baltimore City. Crude mortality rates are per 100,000 person years

Learning from Community Residents

Residents of these neighborhoods can provide valuable information on community processes and resources that may be contributing to child and youth mortality. The Urban Health Institute is planning meetings with residents and other stakeholders knowledgeable about these communities to try to understand what is driving higher

mortality rates, as well as identify community initiatives and service interventions that may be contributing to reductions in mortality. Armed with this knowledge, targeted interventions can be applied to areas with the highest need in order to decrease inequities and reduce unnecessary loss of life for children and youth in Baltimore.



DATA SOURCES: Baltimore Neighborhood Indicators Alliance, Vital Signs 12 (2014), Baltimore City Health Department Child and Youth Mortality Data 2008-2012, and the American Community Survey 5-year summary data 2008-2012.

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